

June 22, 2016

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 14-58
2016 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422
2016 ETC Annual Report of James Valley Cooperative Telephone Company, Study Area
Code 391664

Dear Secretary,

On behalf of James Valley Cooperative Telephone Company, we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. James Valley Cooperative Telephone Company seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations¹. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Senior Financial Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Tanya Berndt, Chief Financial Officer, James Valley Cooperative Telephone Company
Charles Tyler, Telecommunications Access Policy Division

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Tanya Berndt
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.net
Form Type		54.313 and 54.422

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391664
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<020>	Program Year	2017
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

391664SD112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

FCC Form 481
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<210> For the prior calendar year, were there any reportable voice service outages? No

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**(300) Unfulfilled Service Request
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
391664SD510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	391664SD610.pdf

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[illegible]

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<810>	Reporting Carrier	James Valley Cooperative Telephone Company
<811>	Holding Company	Not Applicable
<812>	Operating Company	James Valley Cooperative Telephone Company

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(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1000) Voice and Broadband Service Rate Comparability Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 391664SD1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 391664SD1030.pdf

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

391664SD1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391664
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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support
- <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support
- <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

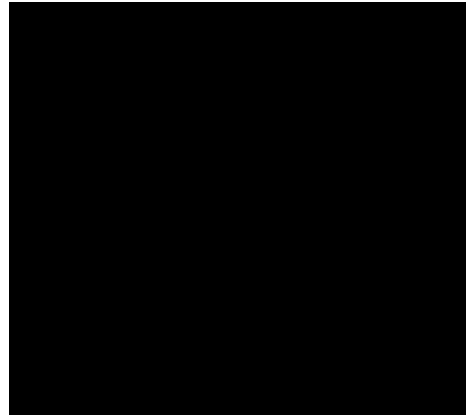
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	391664SD3010b.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	391664SD3017.pdf, 391664SD3017.xlsx
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
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Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
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4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: JAMES VALLEY COOPERATIVE TEL. CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/20/2016
Printed name of Authorized Officer: James Groft	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 6057251054 ext.	
Study Area Code of Reporting Carrier: 391664	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer: ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent: ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391664
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<015> Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
-----------------------	-----------------------------------

<020>	Program Year	2017
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<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
-------	---	--------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
-------	---	----------------

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
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[illegible]

(800) Operating Companies

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<810>	Reporting Carrier	James Valley Cooperative Telephone Company
<811>	Holding Company	Not Applicable
<812>	Operating Company	James Valley Cooperative Telephone Company

[illegible]

JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Form 481

Study Area 391664

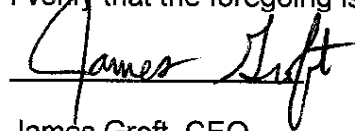
Line 112

The attachment is redacted in entirety.

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2015****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, James Valley Cooperative Telephone Company hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. James Valley Cooperative Telephone Company follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Customer privacy notice information is attached. James Valley Cooperative Telephone Company has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 10, 2016.

A handwritten signature in black ink, appearing to read "James Groft", is written over a horizontal line.

James Groft, CEO

James Valley Cooperative Telephone Company

**Important Notice Regarding Your Account
OPT-OUT CPNI NOTICE**

James Valley Telecommunications respects your privacy and observes the privacy rules established by the Federal Communications Commission, the South Dakota Public Utilities Commission and other telecom oversight agencies. One of these privacy rules requires that we notify you every two years of the potential use of your Customer Proprietary Network Information (CPNI) for certain purposes.

CPNI consists of the call, service and billing records regarding your use of the telecommunications services that you purchase from us (e.g., the telephone numbers you call; the frequency, timing and duration of your calls; and the telecommunications and information services you purchase). JVT will never sell your account information or provide details of your telephone calls to other parties, unless required by law enforcement.

JVT is requesting your approval to use your CPNI for the following purposes only: to notify you from time to time of additional products and services available from JVT outside the existing business relationship we currently have with you. For example, if you have our local voice service, you may be interested to learn about specials on our video or cellular services. However, you have the right to be excluded from these marketing campaigns.

If it is acceptable to receive information about additional products and services, you need do nothing further. Your approval will be deemed to have been granted thirty-three (33) days after this notice was sent to you.

If you prefer to be excluded from these marketing efforts, please complete, sign and return the form below with your monthly payment, and we will remove you from all targeted marketing efforts. You may also fax the form to JVT at 397-2350, call JVT's business office at 397-2323 during regular business hours (or by dialing 611 from your home phone) or email us at marketing@nvc.net within 30 days of your receipt of this notice stating you wish to be excluded from marketing efforts using your CPNI. Your JVT service will not be impacted by this notification.

I have read this **OPT-OUT CPNI NOTICE**, and **DO NOT** approve of the proposed use of CPNI for the customer account specified below.

Customer Name _____

Billing Address _____

Signature _____

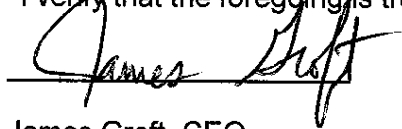
Date _____ Phone Number (s) _____



CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2015****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, James Valley Cooperative Telephone Company hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). James Valley Cooperative Telephone Company is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. James Valley Cooperative Telephone Company has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. James Valley Cooperative Telephone Company's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. James Valley Cooperative Telephone Company has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 10, 2016.

A handwritten signature in black ink, appearing to read "James Groft", is written over a horizontal line.

James Groft, CEO

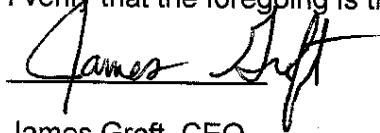
James Valley Cooperative Telephone Company

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2015****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$41.07. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 16-362, released April 5, 2016. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2016 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 10, 2016.



James Groft, CEO

James Valley Cooperative Telephone Company

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Reporting Period January 1 – December 31, 2015

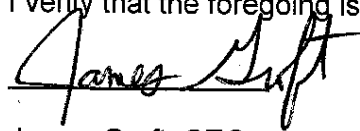
47 CFR 54.313(g) - Broadband Services Rate Comparability

Pursuant to 47 CFR 54.313(g) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's broadband services is no more than two standard deviations above the applicable national average urban rates for broadband service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The following table was published in the FCC's Public Notice, WC Docket No. 10-90, DA 16-362, released April 5, 2016. The table provides the 2016 benchmark for a number of different broadband service offerings.

Download Speed (Mbps)	Upload Speed (Mbps)	Usage Allowance (GB)	Benchmark
10	1	100	\$71.40
10	1	250	\$75.99
10	1	Unlimited	\$77.80
25 ⁹	5	250	\$95.08
25 ¹⁰	5	Unlimited	\$96.89

I verify that the foregoing is true and correct. Executed on June 10, 2016.



James Groft, CEO

James Valley Cooperative Telephone Company



Lifeline Assistance Application and Certification Form

Company Name: **James Valley Telecommunications**

SPIN: 143002236

(Please Print or Type)

Last Name: _____ First Name: _____ MI: _____

Residential Address *(Do not use a P.O. Box address)*: _____

City: _____ State: _____ ZIP: _____

Is your residential address a permanent address? Yes _____ No _____

Billing Address *(If different from residential address)*: _____

City: _____ State: _____ ZIP: _____

Social Security Number: _____ *(If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)*

Date of Birth: _____

Telephone Number: _____ *(if existing service)*

Telephone number where you can be reached or receive messages: _____

Are you currently receiving Lifeline assistance through any other telephone provider? Yes _____ No _____

I am applying for: _____ Lifeline *(\$9.25/monthly service discount for Landline Phone)*

_____ Toll Limitation Service *(free toll blocking or toll control)*

Please check all that apply and provide documentation to prove eligibility.

I, one or more of my dependents, or my household currently participates in one or more of the following programs:

- ☐ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
- ☐ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance (Section 8)
- ☐ Low-Income Energy Home Assistance Program (LIHEAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ National School Lunch Program's Free Lunch Program
- ☐ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: _____.

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

2016 Federal Poverty Guidelines – 135%

Household Size		Household Size	
1	\$16,038	5	\$38,394
2	\$21,627	6	\$43,983
3	\$27,216	7	\$49,586
4	\$32,805	8	\$55,202

For each additional person after 8, add \$5,616 to the annual guideline.

Source: Federal Register, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037

Important Information

You will be required to provide documentation of eligibility. Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I give JVT permission to release to the Universal Service Administration Company (USAC) or its agent any records required to confirm that my household receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies and I will have to select one service and I will be de-enrolled from the other.

Initial here _____

I certify, under penalty of perjury, that:

(1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;

(2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;

(3) If I move to a new address, I will provide that new address to the telephone company within 30 days;

(4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;

(5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

(6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

(7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);

(8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

(9) The information contained in this application and certification form is true and correct to the best of my knowledge.

Signature

Date

Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.

For more information about Lifeline, see www.PUC.SD.gov/Lifeline

Please return this application and all documentation to:

James Valley Telecommunications
PO Box 260 - 235 E 1st Ave Groton, SD 57445
605-397-2323 or 1-800-556-6525

Office Use Only

Employee Signature

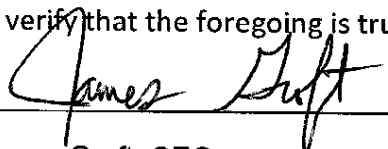
Date

Form(s) used to determine eligibility

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2015****Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 10, 2016.



James Groft, CEO

James Valley Cooperative Telephone Company

SAC: 391664

JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Form 481

Study Area 391664

Line 3017

The attachment is redacted in entirety.